

# Retirees: 2015–2016

## Cost Of City of Atlanta Health Coverage

Retiree rates are calculated accordingly:

- If a retiree was hired prior to April 1, 1986, that retiree should pay the premium that is listed in the 30% column
- Anyone hired on or after April 1, 1986 but retired between September 2009 through August 31, 2010 should pay the premium that is listed in 40% column
- Anyone hired on or after April 1, 1986 but retired September 2010 forward should pay the premium listed in the 50% column

You and the City of Atlanta share the cost of your health insurance coverage. The cost of coverage varies from year to year. Your costs for health coverage for 2015 – 2016, effective September 1, 2015, are shown in the following tables.

### Medical Plans

BlueChoice POS						
Monthly Rates – Without Medicare	30%		40%		50%	
	Retiree Cost	City Cost	Retiree Cost	City Cost	Retiree Cost	City Cost
Retiree Only	\$172.20	\$401.81	\$229.60	\$344.41	\$287.00	\$287.01
Retiree + Child(ren)	\$301.61	\$703.76	\$402.15	\$603.22	\$502.68	\$502.69
Retiree + Spouse/Domestic Partner	\$431.01	\$1,005.69	\$574.68	\$862.02	\$718.35	\$718.35
Retiree + Family	\$569.11	\$1,327.92	\$758.81	\$1,138.22	\$948.51	\$948.52
Beneficiary Child(ren)	\$172.20	\$401.81	\$229.60	\$344.41	\$287.00	\$287.01
Widow(er) Only	\$172.20	\$401.81	\$229.60	\$344.41	\$287.00	\$287.01
Widow(er)/bene child(ren)	\$301.61	\$703.76	\$402.15	\$603.22	\$502.68	\$502.69

United Healthcare Medicare Advantage (with Medicare) <sup>1</sup>						
Monthly Rates <sup>2</sup>	30%		40%		50%	
	Retiree Cost	City Cost	Retiree Cost	City Cost	Retiree Cost	City Cost
Retiree Only - Medicare	\$78.47	\$183.11	\$104.63	\$156.95	\$130.79	\$130.79
Retiree + Child(ren) - Medicare	\$237.81	\$554.90	\$317.08	\$475.63	\$396.35	\$396.36
Retiree + Spouse/Domestic Partner (1 Medicare)	\$237.81	\$554.90	\$317.08	\$475.63	\$396.35	\$396.36
Retiree + Spouse/Domestic Partner (2 Medicare)	\$156.95	\$366.21	\$209.26	\$313.89	\$261.57	\$261.58
Retiree + Family (1 Medicare)	\$357.77	\$834.79	\$477.02	\$715.54	\$596.28	\$596.28
Retiree + Family (2 Medicare)	\$315.99	\$737.32	\$421.32	\$631.99	\$526.65	\$526.66
Widow(er) Only - Medicare	\$78.47	\$183.11	\$104.63	\$156.95	\$130.79	\$130.79
Widow(er)/bene child(ren) - Medicare	\$237.81	\$554.90	\$317.08	\$475.63	\$396.35	\$396.36

<sup>1</sup> Medicare Part A and Part B required.

<sup>2</sup> Non-Medicare dependents will be enrolled in BlueChoice POS.

Kaiser Permanente HMO (without Medicare)						
Monthly Rates – Without Medicare	30%		40%		50%	
	Retiree Cost	City Cost	Retiree Cost	City Cost	Retiree Cost	City Cost
Retiree Only	\$157.91	\$368.45	\$210.54	\$315.82	\$263.18	\$263.18
Retiree + Child(ren)	\$276.33	\$644.76	\$368.44	\$552.65	\$460.54	\$460.55
Retiree + Spouse/Domestic Partner	\$394.76	\$921.11	\$526.35	\$789.52	\$657.93	\$657.94
Retiree + Family	\$521.09	\$1,215.87	\$694.78	\$1,042.18	\$868.48	\$868.48
Beneficiary Child(ren)	\$157.91	\$368.45	\$210.54	\$315.82	\$263.18	\$263.18
Widow(er) Only	\$157.91	\$368.45	\$210.54	\$315.82	\$263.18	\$263.18
Widow(er)/bene child(ren)	\$276.33	\$644.76	\$368.44	\$552.65	\$460.54	\$460.55

Kaiser Permanente Senior Advantage (with Medicare) <sup>3</sup>						
Monthly Rates	30%		40%		50%	
	Retiree Cost	City Cost	Retiree Cost	City Cost	Retiree Cost	City Cost
Retiree Only - Medicare	\$67.33	\$157.11	\$89.78	\$134.66	\$112.22	\$112.22
Retiree + Child(ren) - Medicare	\$280.84	\$655.31	\$374.46	\$561.69	\$468.07	\$468.08
Retiree + Spouse/Domestic Partner (1 Medicare)	\$220.53	\$514.57	\$294.04	\$441.06	\$367.55	\$367.55
Retiree + Spouse/Domestic Partner (2 Medicare)	\$134.66	\$314.22	\$179.55	\$269.33	\$224.44	\$224.44
Retiree + Family (1 Medicare)	\$396.70	\$925.61	\$528.92	\$793.38	\$661.15	\$661.16
Retiree + Family (2 Medicare)	\$289.95	\$676.55	\$386.60	\$579.90	\$483.25	\$483.25
Beneficiary Child(ren) - Medicare	\$67.33	\$157.11	\$89.78	\$134.66	\$112.22	\$112.22
Widow(er) Only - Medicare	\$67.33	\$157.11	\$89.78	\$134.66	\$112.22	\$112.22
Widow(er)/bene child(ren) - Medicare	\$280.85	\$655.31	\$374.47	\$561.69	\$468.08	\$468.08

3 Medicare Part A and Part B members must enroll in Kaiser Senior Advantage.

Aetna Medicare Plan POS (Medicare Parts A & B) <sup>4</sup>						
Monthly Rates	30%		40%		50%	
	Retiree Cost	City Cost	Retiree Cost	City Cost	Retiree Cost	City Cost
Retiree Only	\$69.78	\$162.81	\$93.04	\$139.55	\$116.29	\$116.30
Retiree +Spouse/ Domestic Partner	\$139.55	\$325.63	\$186.07	\$279.11	\$232.59	\$232.59
Widow(er) Only	\$69.78	\$162.81	\$93.04	\$139.55	\$116.29	\$116.30

4 Medicare Part A and Part B required.

Aetna Medicare Plan POS (Medicare Part B) <sup>5</sup>						
Monthly Rates	30%		40%		50%	
	Retiree Cost	City Cost	Retiree Cost	City Cost	Retiree Cost	City Cost
Retiree Only	\$127.47	\$509.87	\$254.94	\$382.40	\$318.67	\$318.67
Retiree +Spouse/ Domestic Partner	\$254.94	\$1,019.74	\$509.87	\$764.81	\$637.34	\$637.34
Widow(er) Only - Medicare	\$127.47	\$509.87	\$254.94	\$382.40	\$318.67	\$318.67

5 Medicare Part B required.

## Dental Plans

BCBS Dental – High Option						
Monthly Rates	30%		40%		50%	
	Retiree Cost	City Cost	Retiree Cost	City Cost	Retiree Cost	City Cost
Retiree Only	\$7.85	\$18.32	\$10.47	\$15.70	\$13.08	\$13.09
Retiree + Child(ren)	\$16.63	\$38.79	\$22.17	\$33.25	\$27.71	\$27.71
Retiree + Spouse	\$16.04	\$37.42	\$21.38	\$32.08	\$26.73	\$26.73
Retiree + Family	\$26.31	\$61.37	\$35.07	\$52.61	\$43.84	\$43.84
Beneficiary Child(ren)	\$16.63	\$38.79	\$22.17	\$33.25	\$27.71	\$27.71
Widow(er) Only	\$7.85	\$18.32	\$10.47	\$15.70	\$13.08	\$13.09
Widow(er)/bene child(ren)	\$16.63	\$38.79	\$22.17	\$33.25	\$27.71	\$27.71

BCBS Dental – Low Option						
Monthly Rates	30%		40%		50%	
	Retiree Cost	City Cost	Retiree Cost	City Cost	Retiree Cost	City Cost
Retiree Only	\$7.30	\$17.05	\$9.47	\$14.61	\$12.17	\$12.18
Retiree + Child(ren)	\$14.13	\$32.96	\$18.83	\$28.26	\$23.54	\$23.55
Retiree + Spouse	\$14.86	\$34.67	\$19.81	\$29.72	\$24.76	\$24.77
Retiree + Family	\$22.44	\$52.35	\$29.92	\$44.87	\$37.39	\$37.40
Beneficiary Child(ren)	\$14.13	\$32.96	\$18.84	\$28.25	\$23.54	\$23.55
Widow(er) Only	\$7.30	\$17.05	\$9.74	\$14.61	\$12.17	\$12.18
Widow(er)/bene child(ren)	\$14.13	\$32.96	\$18.84	\$28.26	\$23.54	\$23.55

Delta Dental DHMO						
	30%		40%		50%	
Monthly Rates	Retiree Cost	City Cost	Retiree Cost	City Cost	Retiree Cost	City Cost
Retiree Only	\$2.93	\$6.85	\$3.91	\$5.87	\$4.89	\$4.89
Retiree + Child(ren)	\$5.28	\$12.32	\$7.04	\$10.56	\$8.80	\$8.80
Retiree + Spouse	\$5.73	\$13.38	\$7.64	\$11.47	\$9.55	\$9.55
Retiree + Family	\$8.82	\$20.59	\$11.76	\$17.65	\$14.70	\$14.71
Beneficiary Child(ren)	\$5.28	\$12.32	\$7.04	\$10.56	\$8.80	\$8.80
Widow(er) Only	\$2.93	\$6.85	\$3.91	\$5.87	\$4.89	\$4.89
Widow(er)/bene child(ren)	\$5.28	\$12.32	\$7.04	\$10.56	\$8.80	\$8.80

## Vision Plan

United Healthcare – Vision			
Monthly Rates	Retiree Cost	City Cost	
Retiree Only	\$3.69	\$0	
Retiree + Child(ren)	\$8.10	\$0	
Retiree + Spouse	\$7.72	\$0	
Retiree + Family	\$10.43	\$0	
Beneficiary Child(ren)	\$4.42	\$0	
Widow(er) Only	\$3.69	\$0	
Widow(er)/bene child(ren)	\$8.10	\$0	

## Life Insurance

Minnesota Life Insurance	
Monthly Rates	Retiree Cost
Basic Life – Retirees (\$10,000)	\$9.30
Grandfathered Retiree Life (\$10,000)	\$9.30
Dependent Life (Spouse)*	\$4.00
Dependent Life (Child)*	\$1.19
Surviving Spouse*	\$20.00
Additional Life (Retiree Only)** - \$5,000	Minnesota Life Rate
Additional Life (Retiree Only)** - \$10,000	Minnesota Life Rate

\* \$5,000 maximum coverage

\*\* Additional Life Insurance (Retiree Only) - \$20,000 maximum coverage.